

# Washington State Health Care Authority

## HCA Updates & Medicaid in 2014



**American Indian Health Commission Workgroup**  
**May 28, 2013**

**Karol Dixon, Tribal Liaison, Health Care Authority**  
**Jenny Hamilton, Senior Policy Analyst, Health Care Policy**

# Agenda



- Introduction
- Centennial Accord Reporting
- Tribal TANF in 2014
- State Health Care Innovation Planning
- Chemical Dependency
- Upcoming Events
- Updates from Tribes

# Centennial Accord Reporting



## 2012 CENTENNIAL ACCORD AGENCY HIGHLIGHTS



OFFICE OF THE GOVERNOR  
GOVERNOR'S OFFICE OF INDIAN AFFAIRS

Current year  
contributions  
due:

**May 31**

# Centennial Accord Reporting

## 2012 Executive Summary:

The Washington State Health Care Authority's (HCA) goals are to partner with tribes and urban tribal clinics to increase access to state - and federal- financed health care coverage, address the health equity issues in Indian Country and increase health resources for the tribes. A primary objective has been to facilitate increased participation of the tribes with all HCA programs. (see [2012AgencyHighlights.pdf](#))

## 2013 Highlights to Include:

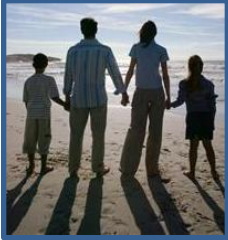
- Meetings, summits, conferences, etc.
- Memoranda of Understanding with tribal governments
- Program or rule change, and benefits
- Number of new contracts/grants

# Tribal TANF 2014



# Tribal TANF

**TODAY**



**Through  
September  
30, 2013**

**For now, the current system will continue:**

- Application process will be the same
- Eligibility will be the same
- Cash will continue to be the same

# Tribal TANF

**TOMORROW**

**From  
October 1,  
2013**



**January 1,  
2014 &  
Beyond**

## Change to the new application system October 1: **Washington State Healthplanfinder**

- Medicaid applicants will use the online portal or available alternatives
- Non-related adults will need to file separately

# *Your Thoughts*

- Issues?
- Concerns?
- Questions?



# State Health Care Innovation Planning



STATE OF WASHINGTON  
**HEALTH CARE AUTHORITY**  
626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

May 23, 2013

TO: Washington State's Tribal Health Care Leaders  
FROM: Dorothy Teeter  
Director  
SUBJECT: State Health Care Innovation Plan

This week, Washington State formally launched collaborative work to create a five-year plan for health care innovation. Our government-to-government relationship with the Tribes of Washington State is important to us and we seek to include you in the planning process.

State Health Care Innovation Planning began to formulate after Washington State received a federal grant in February to create a five-year plan for innovation, building on effective practices already in use throughout our state. We have a veteran project director, Karen Merrikin, multiple state agencies, public and private individuals, and health care organizations that have already stepped forward to assist.

At the American Indian Health Committee Webinar next Tuesday, May 28, from 1:00 to 4:00 p.m., my staff will share more information about the planning process and opportunities for involvement. We are putting together a corps group willing to help review and critique the building blocks of the State Health Care Innovation Plan as they are developed between now and September, as well as correspondents interested in sharing their thoughts (likes, dislikes, and ideas for improvement) as the plan goes together.

Will you join us? Please review the attached documents and send your contact information and any immediate thoughts to our project help desk at [simquestions@hca.wa.gov](mailto:simquestions@hca.wa.gov). What you think matters.

Thank you

Attachments

## Letter to Tribal Leaders



# Washington State Innovation Model

**Integrated physical and  
behavioral health care –**

May 15, 2013

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# Today's Agenda →



- State Health Care Innovation Planning - overview
- Focus for today:
  - Manatt's role in developing HCIP
  - Your candid perspectives
  - Current Legislative directives
  - Additional materials/contacts

# SIM Objectives →

## CMMI

Test innovative payment and service delivery models with the potential to lower costs for Medicare, Medicaid and CHIP, while:

- Maintaining or improving quality of care
- Raising community health status
- Reducing long term health risks for federal beneficiaries

## Washington State

**All of the above**, for the rest of Washington State's population.

- Refresh our approaches for health and health care improvement through evidence-driven approaches, innovation, collaboration and full use of the “levers” at our disposal.

# CMMI Milestones and Deliverables



- **May 1** – Stakeholder Engagement Plan
- **July 30** – Health Care Innovation Plan (HCIP) Outline, Project Progress & Financial reporting
- **September 30** – Final Draft HCIP
- **October 30** – Final HCIP due, Project Progress and Financial Reporting
- **December 30** – Final Project Report

**DRAFT**

## **Vision and Broad Aim:**

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- Vision: All people in Washington achieve and maintain better health.
- Broad Aim: By 2019, the people of Washington state will be healthier because our state has collectively shifted from a costly and inefficient non-system for health care to aligned health approaches focused on achievable targets for better care, lower costs, prevention and reduction of disparities.

**DRAFT**

# **Supportive Transformation Aims\***

**Pay for value and improved outcomes** through aligned multi-payer activities, including regional health collaborative engagement where appropriate.

**Improve and make visible health plan and provider performance through metrics, accreditation and public reporting**

**Seamless, integrated physical and behavioral healthcare from the patient's perspective**, with initial focus on Medicaid populations.

**Identify, test, and spread effective strategies aimed at overuse, misuse and underuse of care.**

- Strengthened analytic capabilities.
- Aligned workforce, IT, HIE capabilities (?)
- Strategies, tools and tactics for improved patient engagement, health literacy, and patient decision support

**Strengthen health promotion and prevention capabilities, and link community health supports and resources** with healthcare delivery.

*\*Each aim should be refined with a statement of “how much transformation/by when”.*

# Washington State: State Innovation Model

Key Informant Interviews

May 14 – 16, 2013



# Manatt's Role in Developing Washington's HCIP

## Manatt will engage in four primary activities to help inform development of the Health Care Innovation Plan:

- **“As-is” environment review:** Conduct a landscape review of Washington’s current delivery of physical and behavioral health services federal and state laws and regulations, to identify current administrative structures, delivery models and payment policies that support existing physical and behavioral health systems. *(Current focus of stakeholder discussions.)*
- **“To be” assessment and options:** Analyze the degree to which Washington’s current physical and behavioral health services are fragmented or integrated and where there are opportunities (and barriers) to integrate service delivery, improve the use of team-based care and non-MD practitioners, and rationalize payment policies, most especially in light of the Medicaid expansion. *(Stakeholder discussions over the next 6-8 weeks.)*
- **Stakeholder review of findings and options:** Facilitate a series of broad stakeholder discussions on findings from tasks 1-2, which represents both east and west Washington perspectives on opportunities with the greatest promise for accelerating system transformation. *(End of July – early August.)*
- **Feed short-term and long-term integration steps into HCIP development:** Develop a preliminary framework of meaningful steps, timeline and resources for short-term and long-term progress in implementing integration transformations, including policy, regulatory and/or legislative changes needed to achieve integration and workforce and training implications. *(Late August – early September.)*

# Stakeholder Interviews: Focus of Broad Discussion

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- Goal of current stakeholder interviews is to explore:
  - The role you/your organization plays in the delivery of behavioral health services
  - Your perspectives on:
    - The current landscape of behavioral health services – the administrative, financial and delivery system drivers
    - Current level of integration of behavioral and physical health services, including gaps, current integration efforts, and specific innovations by the State, public (and private) purchasers & payers, providers and communities
    - Desired future state of behavioral health services (including previous stakeholder input)
    - Administrative, financial and delivery system barriers to integration
    - Potential implications of Medicaid expansion, duals demonstration and other policy/program changes

# Recent/2013 Legislation: Opportunities and Challenges

- Performance Metrics: SB 5732 and HB 1519 (passed – awaiting Gov’s sig)
  - **SB 5732:** Defines system outcomes for the publically-funded behavioral health system – mental health and chemical dependency services.
  - **HB 1519:** Reinforces system outcomes (described in SB 5732) by applying them to the publically-funded medical and long term care systems, with performance measures related to the outcomes adopted and applied across all systems.
- Medicaid Expansion & Integration: SB 5894 (not passed, NTIB)
  - Among other provisions, required a study to identify the pathway to integrate behavioral health, including connectivity with social supports, crisis intervention systems, and criminal justice systems.
    - Integration may include contracting with regional support networks within managed care contracts, or other community-based delivery strategies that ensure the full range of care is available, while providing an accountable contract to monitor performance and manage costs
- Transfer of Medicaid from DSHS to HCA in 2011: HB 1738 (passed)
  - In addition to transferring Medicaid physical health services to DSHS to HCA, HB 1738 also required consideration of transitioning long-term services and supports and behavioral health from DSHS to HCA, or consideration of strategies for the agencies to collaborate seamlessly while purchasing services separately.

# Additional Materials /Contacts

- Manatt also seeks to identify materials that can help inform our understanding of the current landscape – materials collected to date:
  - *Purchasing Mental Health, Chemical Dependency and Long Term Services and Supports, Including Services for People with Developmental Disabilities* (HB1738) Report to the Legislature
  - Letter soliciting comments on Purchasing Implementation Plan Required by HB 1738
  - 2013 legislative bills: ESHB 1519 & 2SSB 5732; SB 5894 background
  - Funding and Characteristics of State Mental Health Agencies, 2009 (SAMHSA)
  - Washington Medicaid State Plan and behavioral health rules
  - DSHS publications and reports
  - Overview of DBHR Services and Funding
  - Chemical Dependency Medicaid Benefit description
  - Washington Medicaid Integration Partnership
  - Duals Integration Project
  - Overview of proviso language
  - *Vision for a System of Integrated Mental Health/Substance Use/Primary Care Treatment Services in Person-Centered Healthcare Homes* discussion draft
  - Tribal Centric Behavioral Health Design Overview
- Missing materials?
  - Stakeholder comments – recent and from Duals Integration Project
  - Details/perspectives of current innovative integration options
- Critical additional contacts to be made?

# Manatt Project Team

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# Chemical Dependency



# Upcoming Events



- **June 10<sup>th</sup> Consultation & Roundtable**
  - **10 am to 4 pm**  
HCA Sue Crystal Room, 626 8<sup>th</sup> Ave. SE, Olympia
  - **Consultation Topics:**
    - A State Plan Amendment for Medicaid Expansion
    - A MAGI-based Eligibility Determination Waiver
    - An Uncompensated Care Payment Program Waiver
  - **Roundtable Agenda:**
    - Tribal Reimbursement for School-Based Services
    - Re-Examination of HCA Consultation Policy
    - Review Scheduling of HCA-AIHC Meetings
    - Upcoming Provider One Change

# Updates from Tribes